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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	PU030306
First Named Inventor	Angela Renee Burnett et al.
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	HEREWITH
Group Art Unit	
Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SYSTEM AND METHOD FOR APPLYING POWER TO HIGH INTENSITY  
DISCHARGE LAMPS**

the specification of which

*(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

ApplicationNumber(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/527,800	December 8, 2003	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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PTO/SB/01 (10-00)

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## DECLARATION — Utility or Design Patent Application

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Address	P.O/ Box 5312					
City PRINCETON			State NJ	ZIP 08543-5312		
Country USA	Telephone (609) 734 - 6834		Fax (609) 734 - 6888			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Angela Renee		Family Name Burnett or Surname			
Inventor's Signature	<i>Angela Renee Burnett</i>				Date 1-29-04	
Residence: City Indianapolis	State Indiana	Country USA		Citizenship US		
Mailing Address      6821 Bretton Wood Drive						
Mailing Address						
City Indianapolis	State Indiana	ZIP 46268	Country USA			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	William Patrick		Family Name Mc Carthy or Surname			
Inventor's Signature	<i>William Patrick Mc Carthy</i>				Date 1/24/04	
Residence: City Indianapolis	State Indiana	Country USA		Citizenship US		
Mailing Address      7832 Pennyroyal Lane						
Mailing Address						
City Indianapolis	State Indiana	ZIP 46237	Country USA			
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

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**DECLARATION**
**ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 3**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Gene Harlow		Johnson		
Inventor's Signature	<i>Gene Harlow John</i>			Date 1/28/04
Residence: City	Carmel	State	INDIANA	Country USA
Mailing Address	14370 Whisper Wind Drive			
Mailing Address				
City CARMEL	State	INDIANA	ZIP 46032	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City	State	Country	Citizenship	
Mailing Address				
Mailing Address				
City	State	Zip	Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City	State	Country	Citizenship	
Mailing Address				
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**POWER OF ATTORNEY**  
**THOMSON LICENSING**

We,

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F-92100 Boulogne-Billancourt  
France

do hereby grant

Joseph J. Laks  
Vice President  
Thomson Licensing Inc.  
Two Independence Way  
Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from July 1, 2005

DATED this 14th day of February, in the year 2006.

Signature:

Typed Name As Signed:

Title:

*Béatrix de Russé*  
Béatrix de Russé  
Authorized Representative,  
Vice-President Intellectual Property & Licensing

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**POWER OF ATTORNEY**  
**THOMSON LICENSING**

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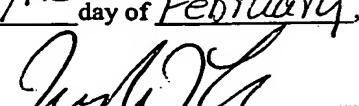
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DATED this 27<sup>th</sup> day of February, 2006.

SIGNED

  
Joseph J. Laks  
Vice President  
Thomson Licensing Inc. and  
Attorney In Fact for  
THOMSON LICENSING

WITNESS



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PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035  
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and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

<b>Application Number</b>	
<b>Filing Date</b>	
<b>First Named Inventor</b>	ANGELA RENEE BURNETT et al.
<b>Title</b>	SYSTEM AND METHOD FOR APPLYING POWER TO HIGH INTENSITY DISCHARGE LAMPS
<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	PU030306

I hereby appoint:

Practitioners at Customer Number

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**OR**

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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**OR**

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**OR**

Firm or Individual Name Joseph J. Laks, Patent Operations

Address \_\_\_\_\_

Address P. O. BOX 5312

City PRINCETON State NJ ZIP 08543-5312

Country USA

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I am the:

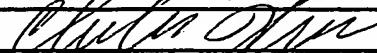
Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name Christine Johnson, Registration No. 38,507

Signature 

Date 5/25/00 Telephone 609-734-6892

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
Submit multiple forms if more than one signature is required, see below\*.

\*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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